

**Proposal for
Regional Autism Centers
August 4, 2006**

Introduction

Parents, school and human service agencies are all challenged by the needs of our youth and adults with autism spectrum disorder, as outlined in the Interagency White Paper on Autism Spectrum Disorder of March 2006. "Because of their complex needs, supporting children with ASD presents significant challenges to families, schools and human service agencies. The number of Vermont children diagnosed with ASD has been growing at an average annual rate of 20% over the past eight years." (p.63) Coming from different perspectives all of us agree we cannot wait to address these needs.

This proposal was developed with the assistance of stakeholders representing parents, support groups, state agencies, mental health and schools. A total of thirty-six individuals attended some or all of the meetings held during June and July 2006. The process included delineating hopes, dreams, existing resources, gaps in the system and needs. It is essential to determine what regional centers do and where they will be located. These centers are one part of a plan that addresses what will happen now and in the future.

Vision

The Department of Education will work with the Agency of Human Services and private sector partners to establish high quality regional autism centers. These centers will be a key component to the comprehensive system of care for all Vermont citizens affected by autism spectrum disorders and set the standard for the nation.

Mission

Regional Autism Centers (RAC) provide a range of services for individuals with ASD, their families, schools, agency staff and additional service providers. A primary purpose of the centers is to make available consistent evidence based practices/interventions for all involved with individuals with ASD. These centers build on and support existing programs and services.

Centers are available to individuals in all regions of the state and are inviting and nurturing places where all involved can come together to support individuals with ASD. Centers are responsive to the developmental differences and needs of individuals with autism spectrum and the cultural differences and needs of their families.

Expected Outcomes

1. Improve the quality of life for individuals with ASD in Vermont.
2. Provide training and information to all who provide care, support or treatment to individuals with ASD in Vermont.

3. Deliver high quality services that are evidence-based and respectful of the dignity and individuality of those served.
4. Provide services that are consistent and sustainable throughout Vermont.

Structure

Interagency collaboration and identification of a 'lead agency' is needed for regional autism centers to address the educational, developmental, mental health and health needs of individuals with autism spectrum disorder.

1. Regional autism centers and satellite sites will build upon and work collaboratively with programs and expertise that already exists.
2. Centers will have interagency collaboration (DOE/AHS) that will allow services to address the lifespan of individuals with ASD.
3. Centers will be physical locations.
 - a. Different parts of the State of Vermont
 - b. Combination of on-site and dedicated outreach services to named "satellite" sites
 - c. School districts may be assigned to a specific center
 - d. Individual centers may have specialized expertise that is available statewide
4. Personnel from the centers will meet regularly
5. Centers will be staffed with professionals skilled in a variety of disciplines
6. Centers will share resources and expertise such that the system as a whole provides the full continuum of care.
7. Every center will have a Board of Directors.
8. Centers will be incorporated as a 501(c) 3 non-profit/state agencies partnership.

Functions

Centers will promote collaboration among school staff, families and public/private service providers and build capacity in all areas of Vermont to address the needs of individuals with ASD and their families.

1. Direct student services will include:
 - a. Diagnosis
 - i. works in conjunction with school or other agency teams
 - ii. is interdisciplinary and family-centered
 - iii. is collaborative among school, family and community
 - iv. assists family with the interpretation of evaluation results
 - v. provides support to teams, such as IEP, IFSP, SIT and LIT, in order to collaboratively individualize program planning and early intervention

2. Family and Professional Support

a. Provides:

- i. clinical and education support services for families and caregivers; for example, in:
 - 1. social/behavioral
 - 2. relationship development
 - 3. learning
 - 4. health care
 - 5. respite
 - 6. mental health
- ii. individual consultation
- iii. intensive support for professionals new to working with individuals with ASD
- iv. help for families and professionals in navigating the system of services available to individuals with ASD

b. Maintains:

- i. current list of resources available throughout the State of Vermont
- ii. updated list of mediators knowledgeable in conflict resolution
- iii. central database of housing, employment, recreation, summer camps, respite workers, daycare providers, and personal care attendants with experience/expertise in ASD

c. Collects and disseminates current ASD information

3. Training

a. Centers and satellites will collaborate with existing statewide training efforts, such as the Vermont Higher Education Collaborative, Autism track

b. Centers and satellites provide:

- i. Short-term clinical teaching or mentoring for teams working with individuals with ASD that would provide hands-on training/modeling to individual teams, including the individual with ASD and parents; for example training/modeling in evidence-based programs, such as:
 - 1. Applied Behavior Analysis
 - 2. Discrete Trial Teaching
 - 3. TEACCH strategies (Treatment and Education of Autistic and Related Communication-Handicapped Children)
 - 4. Floortime strategies
 - 5. Positive Behavior Supports
 - 6. PECS (Picture Exchange Communication System)
 - 7. Individualized play-based strategies
- ii. professional development workshops, conferences and in-service training to school districts, childcare agencies, university and community-based organizations open to families, professionals, caregivers, related service providers (OT, PT, SLP), etc.

- iii. parent information programs, such as monthly speakers, series of workshops for caregivers new to the diagnosis
- iv. school-based trainings for all staff, including personnel interacting with the child and ongoing follow-up

Funding

The centers will require funding from a variety of private and public sources. These might include fees for services, available State and Federal funds, grants, and private investors. One assumption is that as the centers improve the capacity of schools to serve students with autism some of the funds that are currently used for high cost day and residential programs might be redirected to services the centers provide.

Coordination of funding would be the responsibility of a local board of directors. An organization structure similar to that of Vermont's county Mental Health Centers might be a model to follow.

Addendum to draft proposal

The effectiveness of Regional Autism Centers relies on a collaborative approach in addressing the issues of people with autism, their families and service providers. The development of a comprehensive “system of care” for individuals with ASD will be a necessary complement to the success of the RAC’s mission. Some examples of issues that could be addressed with a system of care are:

Access to:

- a. healthcare
- b. best practice guidelines
- c. coordinated service plans
- d. waivers
- e. residential options (group homes, apartment assistance)
- f. continuum of alternative placements/programs
- g. supported employment
- h. supported college and vocational training options
- i. after school hours support for families
- j. respite, including emergency respite bed(s)